FILE NOW: FILING FEE AFTER MAY 1 IS $ 5.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTME[illegible] STATE
Sandra B. M[illegible]
Secretary of [illegible]
DIVISION OF CORP[illegible]TIONS

DOCUMENT # **277078** **(2)**

1. Corporation Name

KITTY SCOTT'S FURNITURE, INC.

Principal Place of Business	Mailing Address
685 SO. YONGE ST. US HWY 1 ORMOND BEACH FL 32174	685 SO. YONGE ST. US HWY ORMOND BEACH FL 32174

3. Date Incorporated or Qualified: **01/02/1964**
3a. Date of Last Report: **07/27/1995**

4. FEI Number: **59-1031562** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

SCOTT, PAUL
685 SO YONGE ST. US HWY 1
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a[illegible]ve named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the [illegible]orporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE [illegible] Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	TITLE	☐ Change ☐ Addition
NAME	SCOTT,PAUL E	NAME	
STREET ADDRESS	166 ORCHARD LANE	STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	CITY-ST-ZIP	
TITLE	VP	TITLE	☐ Change ☐ Addition
NAME	SCOTT,KITTY L	NAME	
STREET ADDRESS	555 OCEAN SHORE BLVD	STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	CITY-ST-ZIP	
TITLE	ST	TITLE	☐ Change ☐ Addition
NAME	SCOTT, WENDY W	NAME	
STREET ADDRESS	166 ORCHARD LANE	STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	CITY-ST-ZIP	
TITLE	☐ DELETE	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ DELETE	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ DELETE	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wendy S. Scott Wendy Scott 1/31/96 (904)677-7974
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)